MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04679

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville | LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) May (Last) Baldwin

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Apr. 20, 1882

9. AGE last birthday: 67 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Jackson

14. MOTHER'S MAIDEN NAME: Mary Anne Stricker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Harold Bromley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331

Immediate cause (a) Cerebral Haemorrhage — Interval between onset and death: 3 da.

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to May 29, 1949, that I last saw the deceased alive on May 28, 1949, and that death occurred at 2.35 a.m., from the causes and on the date stated above.

SIGNATURE: J. F. Magraw (Degree or title) M.D. | ADDRESS: Perryville Md | DATE SIGNED: May 30'49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 31, 1949 | NAME OF CEMETERY OR CREMATORY: Angel Hill | LOCATION (City, town, or county) (State): Havre De Grace, Md.

DATE REC'D BY LOCAL REG.: May 31, 1949 | REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR: Lewis Patterson & Son. | ADDRESS: Perryville, Md.

RECEIVED
JUN 1 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04680

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 102 Fulton St.

3. NAME OF DECEASED (Type or Print): (First) ANNE MARIE (Middle) MELLON (Last) CALAHAN

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: may 31, 1885

9. AGE last birthday: 63 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): altoona Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Mellon

14. MOTHER'S MAIDEN NAME: matilda Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give wer or detes of service)

16. SOCIAL SECURITY No.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 2 days

170 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of breast with metastasis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 6 - 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1935, to May, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 1:29 P.m. E.D.T., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert Bates M.D. — ADDRESS Elkton Md — DATE SIGNED May 26-1949

23. BURIAL, CREMATION / REMOVAL (Specify): Removal — DATE: May 28, 1949 — NAME OF CEMETERY OR CREMATORY: St. Benedicts Cemetery — LOCATION (City, or county) (State): Carrolltown, Pa.

DATE REC'D BY LOCAL REG. 5/26/49 — REGISTRAR'S SIGNATURE: J R Frazer

24. FUNERAL DIRECTOR: H W Pippin — ADDRESS: Elton Md

VS. A15

RECEIVED
MAY 28 1949
BUREAU V. S.

Evidence for addition of #21 shown on:

FILM No. G 12 JUL -5 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04681

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Cecil COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) LUSBY (Last) DAVIS

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Aug 18 1867 | 9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Porter Lusby | 14. MOTHER'S MAIDEN NAME: Ada Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mrs Ada Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture left hip — 26 days

900.0 / 186a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary embolism — 1 day

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Cecilton | (COUNTY): Cecil | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 4/7/49 m. | INJURY OCCURRED While at Work ☐ Not While At work ☒ | HOW DID INJURY Ooccur? Slipped + fell down cement steps (2 treads) (7/5/49 9.5.)

22. I hereby certify that I attended the deceased from Apr. 9, 1949, to May 5, 1949, that I last saw the deceased alive on May 5, 1949, and that death occurred at 11:00a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Allen R. Crumpley M.D. | ADDRESS: Middletown, Delaware | DATE SIGNED: 5/7/49

23. BURIAL? CREMATION? REMOVAL? (Specify): Burial | DATE THEREOF: May 8 1949 | NAME OF CEMETERY OR CREMATORY: St. Stephens | LOCATION (City, town, or county): Earleville | (State): Md.

DATE REC'D BY LOCAL REG.: May 7-1949 | REGISTRAR'S SIGNATURE: Mrs Howard L. Cheyney | 24. FUNERAL DIRECTOR: Edward Pilbour | ADDRESS: Millington Md.

RECEIVED
MAY 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 04682

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) no information

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BEN		DORSKI	5	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday Yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M.	White		no information					

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		no information	

13. FATHER'S NAME: no information

14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		(about 63)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

974 **Immediate cause** (a) Strangulation by hanging

164a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Stable.	(CITY OR TOWN) Elkton Rural	(COUNTY) Cecil	(STATE) Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
5	5	1949	9 a.m.			

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐ homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R Le Dodson	MD	Rising Sun Md	5-6-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
removed	5/10/49	Md. Anatomical Board	Univ. of Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/9/49	J R Frazer	H. W. Pippin & Son	Elkton Md

RECEIVED
MAY 11 1949
BUREAU V. S.

04683

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.J. — COUNTY Cape May
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cold Spring
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	S	EWING.	5	9	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Strike out)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	Married	12-7-1868	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Cold Spring N.J.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Ewing	no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown? If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
Could not be found		Oscar Felton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R E Dodson	MD	Rising Sun Md	5-9-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	5/10/49	Cold Spring	Cape May	N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/9/49	H L Frazer	W. W. Pippin & Son	Elkton Md.

VS. A15A

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04684

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington —
STREET ADDRESS (If rural, give location) 526 Bayard Ave —

3. NAME OF DECEASED (Type or Print): (First) Rodger (Middle) A. (Last) Heekly

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 6 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): textile worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Elkton - Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Rodger Heekly

14. MOTHER'S MAIDEN NAME: Mary Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 221-01-4942

17. INFORMANT: Mrs J. F. Burkley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 34 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis — Unknown

331
830

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 22, 1949, to May 6, 1949, that I last saw the deceased alive on May 5th, 1949, and that death occurred at 5.00 m., from the causes and on the date stated above.

SIGNATURE C. H. McKnight - M. D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE May 9/49 — NAME OF CEMETERY OR CREMATORY Immaculate Conception — LOCATION (City, town, or county) (State) Elkton - Md.

DATE REC'D BY LOCAL REG. 5/8/49 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR H. W. Pippin — ADDRESS Elkton, Md

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04685

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY CECIL; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural give location) 313 ST. JOHN STREET

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) MAGEE (Last) FULTON
4. DATE OF DEATH: (Month) MAY (Day) 1, (Year) 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: 7/30/73
9. AGE last birthday: 75 yrs. If under 1 year: Months 9, Days 1; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Fulton
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Hospital Records VA Hospital, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intercranial Hemorrhage — Interval between onset and death: 8 Hours

199.8 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

55e (b) Carcinomatosis of undetermined origin.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 4/28/, 1949, to 5/1/, 1949, that I last saw the deceased alive on May 1st, 1949, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE: E.H. BRANNON, M.D. (Degree or title): Acting, Chief, Professional Services ADDRESS: Veterans Administration Hospital, Perry Point, Maryland DATE SIGNED: 5/2/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 5-3-49
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Fort Myer, Virginia

DATE REC'D BY LOCAL REG.: May 31/1949
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, HAVRE DE GRACE, MD.

RECEIVED
MAY 6 1949
BUREAU U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04686

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 71 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.D. #3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Louella (Middle) M. (Last) Gamble

4. DATE OF DEATH (Month) 5 (Day) 14 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 4-11-71
9. AGE last birthday 77 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chestertown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jones
14. MOTHER'S MAIDEN NAME Hester Rash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock following surgical [illegible]

442 Antecedent cause(s) (b) Gen'l Cardio Vascular Renal Disease

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerosis + gangrene of Left Leg

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Gangrene of Left Leg
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~May 3~~ April 3, 1949, to May 14, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. G. Cantwell M.D. - North East Md May 14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 17-1949
NAME OF CEMETERY OR CREMATORY Mt. Salem Cem
LOCATION (City, town, or county) (State) Wilmington Del

DATE REC'D BY LOCAL REG. 5/16/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son Elkton Md ADDRESS

RECEIVED
MAY 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04687.

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SAMUEL		GRAY	5	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M.	Col.	Single	5-30-08	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	Farm.	Cumberland Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel H. Gray.	Mary Heal.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Sam Gray.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary edema	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Renal Disease	3 years (?)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4442
131a

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4 April, 1949, to 7 May, 1949, that I last saw the deceased alive on 7 May, 1949, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Klaus H Huebner M.D.	North East, Md	7 May '49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
removed	5/10/49	Md. Anatomical Board	Univ. of Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/9/49	F R Frazer	H W Pippin	Elkton

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04688

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 6 mos. 26 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Fairfax; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church; STREET ADDRESS (If rural, give location) 303 Liberty Avenue

3. NAME OF DECEASED (Type or Print): (First) HARRISON (Middle) - (Last) JACKSON

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10-13-1894

9. AGE last birthday: 54 yrs. If under 1 year: Months. 7 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Willis, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wesley Jackson - deceased

14. MOTHER'S MAIDEN NAME: Fannie Colvin - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia, right — Interval between onset and death: 3-4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

025

306

(b) General Paralysis of the Insane

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN) -- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Oct. 22, 1948, to May 18, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 1:20 AM., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D., Acting Chief, Professional Svcs., VAH (Degree or title)

ADDRESS Perry Point, Md.

DATE SIGNED 5-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE: 5-19-49

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) Fort Myer, Va. (State)

DATE REC'D BY LOCAL REG. May 19, 1949

REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son

PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 20 1949
BUREAU V. S.

Evidence for addition of 18b & 18c is on: 151 46b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04689

CERTIFICATE OF DEATH

Reg. Dist. No. 96

FUM No. G 121 JUL 15 1949

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3759 Foote St., N.E.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) D. (Last) LOCKER

4. DATE OF DEATH: (Month) May (Day) 3, (Year) 1949

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-17-1899

9. AGE last birthday: 49 yrs. If under 1 year: Months 5, Days 16. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Campbell, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis, general	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) From X-ray, symptoms & findings at time of operation it was believed the tumor had its origin in the stomach. [7/11/49 AS]	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-25-49

19b. MAJOR FINDINGS OF OPERATION: Same as diagnosis (a)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) -- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Apr. 11, 1949 to May 3, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 10:55 PM m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) M.D., Acting Chief, Professional Services, VAH, Perry Point, Md. (ADDRESS) DATE SIGNED 5-4-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: 5-5-49
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Fort Myer, Va.

DATE REC'D BY LOCAL REG.: May 4, 1949
REGISTRAR'S SIGNATURE: Irene E. Dougherty
24. FUNERAL DIRECTOR ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1949
BUREAU V. S.

04690

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick
LENGTH OF STAY (in this place) 69yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Daisy (Middle) Day (Last) Manlove
4. DATE OF DEATH (Month) (Day) (Year) 5/4/49 19

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 11/8/79
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Day
14. MOTHER'S MAIDEN NAME Rebecca Lynos

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Kenneth Manlove Warwick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	cerebral hemorrhage	26 days
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	chronic hypertension	26 days
830	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 9, 1949, to May 4, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE Allan R. Crutchley MD (Degree or title) ADDRESS Middletown, Del DATE SIGNED 5/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/8/49
NAME OF CEMETERY OR CREMATORY Warwick Cemetery
LOCATION (City, town, or county) (State) Warwick Md.

DATE REC'D BY LOCAL REG. May 8/'49
REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney
24. FUNERAL DIRECTOR G. Sister Daniels ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAY 10 1949
BUREAU V. S.

04691

Evidence for addition in #21 shown on:

FILM No. G 120 JUL -5 1949

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeak City LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeak City
STREET ADDRESS (If rural, give location) Charles.

3. NAME OF DECEASED (Type or Print) (First) HARVEY (Middle) (Last) MOORE
4. DATE OF DEATH (Month) 5 (Day) 6 (Year) 1949.
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH March 26-1908
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chesapeak City Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John R Moore.
14. MOTHER'S MAIDEN NAME Mollie Boots
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) MO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 222-01-5717
17. INFORMANT Henry C Moore.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Extra Dural Hemmorrhage

936.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) left side in temporal &

195e (c) Parietal region

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) On street (CITY OR TOWN) Chesapeak City (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 5 (Day) 1 (Year) 49, (Hour) 1 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was beaten by soldier; who was under the influence of liquor. (7/1/49 as)

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 5-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 9-1949
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. May 9th 1949
REGISTRAR'S SIGNATURE Mrs Ralph H. Bell
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04692

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fair Deport Rural. — LENGTH OF STAY (In this place): Birth
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pa. — COUNTY: Lancaster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lancaster.
STREET ADDRESS (If rural, give location): 328 Penn Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DONALD	EDWARD	MURPHY	5	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	Col.	Single	11-12-48	0 yrs.	6	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Child		Lancaster Pa.	U S A

13. FATHER'S NAME: Percy Murphy.
14. MOTHER'S MAIDEN NAME: Pearl La Rue.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Celeristine LaRue.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
491 Immediate cause	(a) Broncho Pneumonia	
107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A L Hodson	MD	Rising Sun Md	5-2-49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 4, 1949	Arcadia	Peach Bottom.	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 3 - 49	L M Worthington	J. E. Tyson.	Rising Sun, Md.

VS. A15A

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04693

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 4 mos. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 808 -20th St., N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILBERT	-	PARKER	May	19,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	Negro	Single	2-12-08	41 yrs.	5	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Bristol, Anne Arundel County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown - deceased
14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis, pulmonary, bilateral, far advanced — Interval Between Onset and Death: Unknown

002 Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tubercular peritonitis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	--	--		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-- m.		--

22. I hereby certify that I attended the deceased from Jan. 10, 1949, to May 19, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 5:20 AM m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon — (Degree or title) M.D., Actg. Chief, Professional Services — ADDRESS VAH, Perry Point, Md. — DATE SIGNED 5-19-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5-20-49	Unknown	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 20, 1949	Irene E. Daugherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

VS. A15

RECEIVED
MAY 23 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04694

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun | LENGTH OF STAY (in this place) 76 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) M. (Middle) Gertrude (Last) Pogue

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Jan. 23. 1873 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: W. J. B. R. Roberson

14. MOTHER'S MAIDEN NAME: Ella Simpers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: William M. Pogue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (Paralysis left side)

331 Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis ; Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 30, 1949, to May 9, 1949, that I last saw the deceased alive on May 9, 1949, and that death occurred at 9.30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. F. Benson M.D. ADDRESS Port Deposit Md DATE SIGNED 5/10/49.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 21 1949 | NAME OF CEMETERY OR CREMATORY Snowden | LOCATION (City, town, or county) (State) Rising Sun Md.

DATE REC'D BY LOCAL REG. May 11 1949 | REGISTRAR'S SIGNATURE Emma Thurlington

24. FUNERAL DIRECTOR ADDRESS J. E. Tyson. Rising Sun. Md.

RECEIVED
MAY 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04695

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point | LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Annes Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centerville
STREET ADDRESS (If rural give location) --

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) - (Last) ROTHWELL
4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-30-76
9. AGE last birthday: 72 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Arthur B. Rothwell
14. MOTHER'S MAIDEN NAME: Marian Kidman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, bronchial, bilateral — 2 days

157 / 469 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hepatitis, diffuse, obstructive

(c) Adenocarcinoma of the head of the pancreas

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-28-49
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -- (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 4-21-, 1949, to 5-1-, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 10:24 PM DST m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon — (Degree or title) M.D., Acting Chief Professional Services VAH — ADDRESS Perry Point, Md. — DATE SIGNED 5-2-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: May 2, 1949 | NAME OF CEMETERY OR CREMATORY: Chesterfield | LOCATION (City, town, or county) (State): Centreville Q.A.Co. Md

DATE REC'D BY LOCAL REG.: May 2, 1949 | REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Barton Bros — ADDRESS: Centreville Md

BARTON BROS. FUNERAL HOME, Centerville, Md.

VS. A15

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04696

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) (Last) Ruffin

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Seperated

8. DATE OF BIRTH: 3-22-83

9. AGE last birthday: 66 yrs. If under 1 year: Months 2 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lewiston, North Carolina

12. CITIZEN OF WHAT COUNTRY: United States

13. FATHER'S NAME: Harry Ruffin

14. MOTHER'S MAIDEN NAME: Lucy Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records Veterans Administration Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 — Immediate cause (a) Right Lobar Pneumonia — Interval Between Onset and Death: No Info.

124.6 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atrophic Cirrhosis of the liver, with Ascites

(c) Acute Hemorrhagic Pancreatitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. C. DODSON, M.D., Medical Examiner, Rising Sun, Md. 5-31-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 6-2-49 — NAME OF CEMETERY OR CREMATORY: Baltimore Nat'l Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: June 2, 1949 — REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: William A. Jackson — ADDRESS

WILLIAM A. JACKSON
916 Pennsylvania Ave., Baltimore, Md.

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04697

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 3 yrs. 7 mos. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: None; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: --
STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROSCOE	C.	SELLERS	May	19,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	Single	12-28-1881	67 yrs.	4	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	--	Illinois	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
Yes	WW-I	None	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, bronchial, bilateral	3-4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial obstruction and gangrene in small bowel	2-3 days
	(c) Neuroblastoma, retro-peritoneal	

198.1
46.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-16-49	Neuroblastoma	Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that I attended the deceased from Oct. 5, 1949, to May 19 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 2:35 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. E. BRANNON, M.D., Acting Chief, Professional Services, ADDRESS: VAH, Perry Point, Md. DATE SIGNED: 5/20/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5-23-49	Baltimore National Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 23, 1949	Irma E. Doughert	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
MAY 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04698

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. — COUNTY Dauphin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisburg
STREET ADDRESS (If rural, give location) 537 Peffer St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GLEN	RUSSELL	SHOVER Jr.	5	30	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Single	Feb 28 1929	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	Clay Indust.	Va.	U.S.A.

13. FATHER'S NAME: Glen R. Shover Sr.
14. MOTHER'S MAIDEN NAME: Ruth Atkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	201-16-3239	Glen R. Shover Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E50.8 **Immediate cause** (a) Drowning

183 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River	(CITY OR TOWN)	(COUNTY)	(STATE)
		Port Deposit	Cecil	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
5-	30,	1949	4:30 P.M.			Boat capsized.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. E. Dochon	M.D.	Rising Sun Md	6-4-49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-7-49	East Harrisburg	Harrisburg,	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 4, 1949	Irma E. Daugherty	Leda. Patterson & Son	Perryville, Md.

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04699

CERTIFICATE OF DEATH

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Warwick
LENGTH OF STAY (In this place): 18yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Warwick Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) (Last) Simmons

4. DATE OF DEATH: (Month) 5/12/49 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4/5/1866

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Del.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Price

14. MOTHER'S MAIDEN NAME: Lida Prettyman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Charles Price Warwick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3 days

334 / 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. nd

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1949, to May 12, 1949, that I last saw the deceased alive on 5/12, 1949, and that death occurred at 2:05 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Middletown, Del. DATE SIGNED: 5/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/15/49 — NAME OF CEMETERY OR CREMATORY: Warwick Cemetery — LOCATION (City, town, or county) (State): Warwick Md.

DATE REC'D BY LOCAL REG.: May 15-49

REGISTRAR'S SIGNATURE: Mrs Fred N. Cheyney

24. FUNERAL DIRECTOR: G. Fenton Daniels — ADDRESS: Middletown Del.

RECEIVED
MAY 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04700

Reg. Dist. No. 94

1. PLACE OF DEATH COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Pa. COUNTY Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Collingdale.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 713 Beachwood Ave.

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) Eugene (Last) Smith.			4. DATE OF DEATH (Month) 5 (Day) 31 (Year) 1949		
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-30-1899	9. AGE last birthday 49 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Cost Service Mgr.	10b. KIND OF BUSINESS OR INDUSTRY Auto.		11. BIRTHPLACE (State or foreign country) Chicago Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Eugene Kendell Smith			14. MOTHER'S MAIDEN NAME Mabel C Small.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Zella F. Smith		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R C Dodson	MD	Rising Sun Md.	6/31-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 2, 1949	NAME OF CEMETERY OR CREMATORY Arlington	LOCATION (City, town, or county) Delaware Co.	(State) Penna
DATE REC'D BY LOCAL REG. 5-31-49	REGISTRAR'S SIGNATURE Sarah E. Rothermel	24. FUNERAL DIRECTOR Joseph R Grant	ADDRESS North East Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 2 1949
BUREAU V. S.

047011

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton; LENGTH OF STAY (in this place) 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East R.D.#1; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) T. (Last) Smith

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/23/71

9. AGE last birthday: 77 yrs. If under 1 year: Mooths. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Charlestown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M. Smith

14. MOTHER'S MAIDEN NAME: Annie Simpers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 2 weeks

420.1 Antecedent cause(s)

195e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Traumatic rupture of liver — 9 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1949, to May 23, 1949, that I last saw the deceased alive on May 23, 1949, and that death occurred at 5:08 P m., from the causes and on the date stated above.

SIGNATURE: L Ralph Andrews Jr. (Degree or title) MD ADDRESS 231 E. Main St. Elkton Md DATE SIGNED 5/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE 5-26, 1949; NAME OF CEMETERY OR CREMATORY: Principio Mem.; LOCATION (City, town, or county) (State): Principio, Furnace, Md.

DATE REC'D BY LOCAL REG. 5/24/49

REGISTRAR'S SIGNATURE: F K Frazer

24. FUNERAL DIRECTOR: Wm A. Patterson & Son ADDRESS: Perryville, Md.

RECEIVED
MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04702

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1826 H. Street, N.W.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	R.	STRINGFELLOW	May	5,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	Single	9-12-20	28 yrs.	7	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Restaurant worker		Washington, D.C.	U.S.

13. FATHER'S NAME: Robert T. Stringfellow

14. MOTHER'S MAIDEN NAME: Susie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW-II	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage, massive	One week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Due to Esophageal varices	
581.0 / 124b	(c) Due to Cirrhosis of the liver	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that I attended the deceased from Apr. 7, 1949, to May 5, 1949, that I last saw the deceased alive on May 5, 1949, and that death occurred at 3:20 AM m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon — (Degree or title) M.D., Actg. Chief, Professional Services, VAH, Perry Point, Md. — ADDRESS — DATE SIGNED 5-5-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 8, 1949	Fairview Cemetery	Culpeper, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 5, 1949	Irene E. Dougherty	S. H. Hines Co.

S. H. HINES & COMPANY
2901-14th St., N.W., Washington, D.C.

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04703

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anthony (Middle) (Last) Walawsky

4. DATE OF DEATH (Month) 5 (Day) 13 (Year) 1949

5. SEX M.

6. COLOR OR RACE Nute

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH 5-7-1879

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS, OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME no information

14. MOTHER'S MAIDEN NAME no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Anna W. McGuire

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary disease

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, (Inspection or) (Inquiry) find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 5-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF May 16, 1949

NAME OF CEMETERY OR CREMATORY Catholic Cemetery

LOCATION (City, town, or county) Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. May 16th 1949

REGISTRAR'S SIGNATURE Mrs Ralph H. Reed

24. FUNERAL DIRECTOR H. W. Pippier ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04704

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) W Main St.

3. NAME OF DECEASED (Type or Print) (First) AGNES (Middle) LOUISE (Last) WHITEOAK.

4. DATE OF DEATH (Month) 5 (Day) 23 (Year) 1949.

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 5-19-1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Philadelphia
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Herman Please
14. MOTHER'S MAIDEN NAME Louise Sponnagle.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dorthy O H.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Chronic Coronary disease

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md. DATE SIGNED 5/23-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-25-1949
NAME OF CEMETERY OR CREMATORY Fernwood
LOCATION (City, town, or county) Philadelphia (State) Pa.

DATE REC'D BY LOCAL REG. 5/24/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
Mar 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04705

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LINWOOD	O.	WISE	May	9,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Single	8-21-21	27 yrs.	8 / 18	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Handyman		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Wise	Anna Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
Yes WW-II	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculosis, pulmonary, active, far advanced, both lungs	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis of the spine, old	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributiog to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from May 6, 1949, to May 9, 1949, that I last saw the deceased alive on May 9, 1949, and that death occurred at 8:00 AM m., from the causes and on the date stated above.

SIGNATURE E.P. Brannon (Degree or title) M.D. Acting Chief, Professional Svcs. ADDRESS VAH, Perry Point, Md. DATE SIGNED May 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	5-9-49	Cecilton Cemetery	Cecilton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
May 9, 1949	Irene E. Dougherty	Edward R. Bell Wilmington Del. EDWARD R. BELL, 909 Poplar Street Wilmington, Delaware

RECEIVED
MAY 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04706

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 11y. 7m. 9d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Venango
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oil City
STREET ADDRESS (If rural, give location) 109½ Wilson avenue

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) (Last) YEAGER
4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 27, 1893
9. AGE last birthday: 55 yrs. — If under 1 year: Months 8, Days 7 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Oil City, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Hospital Records
Veterans Administration Hosp. Perry Point Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Embolus — 2 days

411 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic aortic disease

92a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 25, 1937, to May 4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 3:45 P (EDST) m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. A. BRANNON, M.D., Actg. Chief, Professional Services, VAH, Perry Point, Md. May 5, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: May 5, 1949 — NAME OF CEMETERY OR CREMATORY: Grove Hill Cemetery — LOCATION (City, town, or county) (State): Oil City, Pa.

DATE REC'D BY LOCAL REG.: May 5, 1949 — REGISTRAR'S SIGNATURE: Irene E. Daugherty — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: Havre de Grace Md.

RECEIVED
MAY 6 1949
BUREAU V. S.